2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2012
Secretary of State

DOCUMENT# P99000091376

Entity Name: MEDICAL OFFICE MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

4205 BELFORT RD., STE. 3004
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

4205 BELFORT RD., STE 3004
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: 59-3603857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALIBA, PETER P M.D.
4205 BELFORT RD., STE. 3004
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PRES
Name: SALIBA, PETER P M.D.
Address: 24345 MOSS CREEK LANE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PETER P. SALIBA PRES 04/23/2012

Electronic Signature of Signing Officer or Director — Date